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Original Department.

Communications.

A NOVEL FORM OF DISLOCATION OF THE FEMUR REDUCED BY MANIPULATION—ALSO A DISLOCATION OF THE FEMUR OF SIX WEEKS STANDING REDUCED BY DR. REID'S METHOD.

By John Swinburne, M. D.,

Of Albany, N. Y.

To the student and the profession, dislocations are formidable and important accidents, and call for much courage and perseverance to dispose of rare cases satisfactorily, since if he fail in the attempt, disgrace follows, while if success crowns his efforts his reputation is materially advanced. Surgery, unlike medicine, is a positive and tangible science, and surgeons, like physicians, are judged by the success attending upon their efforts. In surgery, however, unlike medicine, all defects as well as all successes remain as a living witness, and hence the desire on the surgeon's part to be always successful. If any members of our profession were to have slept for the last twenty years after the manner of old Rip Van Winkle, they would not recognize their former selves (professionally), and in no branch of the profession would this have been more apparent than in the treatment of dislocation of the femur by manipulation.

To Dr. Reid, of Rochester, N. Y., are we indebted for demonstrating fully the laws which govern this reduction. He has given full direction for the reduction of all the ordinary forms of dislocations of the hip. Professor Nathan Smith, of New Haven, Conn., (see Smith's Surgical papers), some years since demonstrated the feasibility of this operation, but reports only one case of reduction, while the rules of reduction were such as to render the operation doubtful by them. To my mind his paper wanted much to make it practical, and for that and other reasons the profession have not profited by his knowledge and experience. It therefore devolved upon Dr. Reid to point out the precise mode in which all ordinary forms of hip joint dislocations can be reduced by manipulation. Since the reading of the paper of Dr. Reid, I have adopted his method, and have never failed in the reduction of a single case. This I deem more worthy of note, since his mode of reduction is equally applicable to either of the ordinary forms of dislocation. This fact I have repeatedly demonstrated. It is also applicable to old standing dislocations, as will be seen by the annexed report of a case in point.

It will be seen that the anomalous case hereinafter reported did not come fully within the general rule as laid down by Reid, still without the knowledge of his rules and mode of manipulation, I should have failed in the reduction, as will be apparent as we proceed.

To Dr. Bailey, of Chatham, N. Y., the attending physician, I am indebted for the following history. Mr. L——, aged about forty years, of tolerably good constitution, a farmer by profession, had left a heavily loaded ox cart with the tongue supported about 2½ feet from the ground, upon a stake or piece of barrel; subsequently wishing to lower the tongue to the ground, he knelt on his left knee, his right foot resting on the ground, the femur representing a horizontal plane upon which the tongue was to be eased or lowered, and thence gradually to the ground. The great weight of the load was suddenly transmitted to the thigh through the tongue, and coming in contact with it near the body, and acting upon the hip joint as a lever of the third kind, driving the head of the femur directly downward over the side of the pelvis and tuberosity of the ischium, and lodging near the anus and below the pelvis. Here the head could be plainly felt, the femur was semiflexed upon the pelvis and strongly abducted, so that abduction was impossible. Attempts at reduction by Jarvis's adjuster proved unavailing, as would pullying, which however was not tried, since the force thus applied would have served only to fasten the head of the femur already inside the pelvis more firmly. The Reid method *per se* being adduction, semicircular motion, flexion, rotation, etc., would be inadmissible, since adduction could not be performed in this dislocation without doing violence to the soft parts.

I saw the case about twenty-four hours after the accident, and found the parts much swollen and otherwise in the condition previously described. I was unable to abduct or extend materially. Pully-

ing was out of the question for the reason already given. The reduction therefore resolved itself into abduction, flexion, rotation, etc., until the bone was dislodged from its confined position, after which the semicircular sweep combined with rotation and swaying, effected complete reduction. The patient (being fully under the influence of chloroform) was placed on his back. Drs. Bailey and Mull fixed the pelvis. The leg was first flexed on the thigh, the thigh still more strongly abducted and flexed and then made to describe a semicircle outward instead of inward, (as is ordinarily done by the Reid method for ordinary dislocations) until the limb was nearly on a line with the body, when the flexion was increased so that the thigh was made to nearly touch the abdomen, where by dint of rocking and swaying to and fro, the head of the femur slid back into the acetabulum with an audible snap. The whole operation occupied about fifteen to twenty minutes. In this reduction the head of the femur described the segment of a circle, starting at the posterior and internal border of the tuber ischii and passing along its inner side to the ramus of the ischium and pubis where it emerged from the pelvis, and mounted outside of the pelvis, passing over the obturator foramen and thence into the acetabulum.

Six weeks after the reduction, the family physician, Dr. Bailey, writes me that the patient was well and walking with ease and with scarcely a perceptible halt.

M. M., aged 36, Irish, applied to me, September 26, 1855, for the purpose of having his hip reduced, which he stated had been out six weeks. He gave me his history, of which the following is the substance. While at work on the railroad near Saratoga Spa, he was thrown from a hand-car which was in motion on the track. It struck him in such a manner as to bend his thigh upon the abdomen, forcing the head of the bone backward into the sciatic notch. His surgeons attempted reduction by manipulation after the Reid method for half an hour, but failed to reduce it. Three weeks subsequent to this, when he was able to crawl about on his crutches, other surgeons tried Jarvis's Adjuster for three hours and failed. Some time after the receipt of the injury the senior surgeon of this city saw the case and advised non-interference. He was again consulted the day before its final reduction, and again repeated his advice of non-interference, and that he should cover the limb with woolen, keep it warm, and try and overcome the neuralgic pain. Upon careful examination I found considerable swelling of the limb, and great tenderness of the sciatic nerve, owing to the pressure of the bone against the sciatic flexus. Efforts to work gave great pain, as did also rotation and flexion. I assured him that though it was a doubtful case, we would do the best we could to reduce it. The reduction was effected in the consultation room of my office, in the presence of several physicians and medical students, who administered chloroform and assisted me in the management and manipulation of the case. The ordinary movements as detailed by Dr. Reid in the transactions of the Medical Society of the State of New York, were resorted to. The reduction was completed in about thirty minutes with much effort but without any audible or perceptible noise, and I presume this was due to the adventitious deposit in the acetabulum. He was sent to the City Hospital.* Some considerable inflammation followed, which continued for a few days. Eighteen days after the reduction he was discharged with perfect use of the limb. Two years after this I saw him in Saratoga, when he informed me that he had never experienced any trouble from the dislocation after leaving the hospital.

MEDICAL FRAGMENTS.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

A Case of Rickets.

This disorder is one almost exclusively confined to childhood. It usually manifests itself between the first and second year, or rather about the time the child makes its first attempts at walking. Its lower limbs are unable to bear the pressure of the head and trunk upon them. Its cardinal pathological feature is a deficiency of earthy matter in the bones, which is evidently the result of a want of osseous matter in the blood. In this respect the bones are not properly nourished; cartilaginous and gelatinous constituents abound in them, and the skeleton, the great frame-work of the body, is not able to sustain the superincumbent structure.

In very bad cases of this malady, we will find contortions of the bones of the pelvis, the spine, the thorax the head, and the upper and lower extremities. The stature of children affected with the disorder is commonly short; the head is large and the forehead protuberant; the face remarkably triangular, with a very sharp, peaked chin, and projecting teeth; the chest narrow and prominent in front, constituting what has been called by some writers *pigeon breasted*. This particular form of the chest, in the absence of any catarrhal or bronchial difficulty, we regard as highly characteristic of the rickety diathesis. We occasionally meet with this malformation of the chest in a child, while the form of every other part of its body is perfect. This was the condition of the little patient whose case I am now about to record.

* The history of this case will be found in the Albany City Hospital Record, as Surgical case 264.

About a year since, I was invited to see a little daughter of the Rev. Dr. S——, aged four years. She was of the marked nervo-bilious temperament—black hair, dark eyes, sallow complexion, a beautiful and expressive countenance, and a well balanced brain. Her father and mother were of the same temperament, large and well formed persons, and have always enjoyed good health. I was informed by her mother that, she had passed through the period of infancy without any special malady, and up to the time of my visit her health had been uniformly good. She is as large as little girls of her age, and her parents think that she would be all right if she could walk, which she has never been able to do. Several physicians have been consulted, various opinions have been given, and a multiplicity of means recommended and employed to remedy the defect, but all to no purpose.

On examining the spine, pelvis, and lower extremities, I could discover no deficiency either in their form or size, and from their general appearance there was nothing to infer the existence of rickets. On inspecting the chest, one of her shoulders appeared larger than the other, and the muscles of the back felt unusually soft and thin. In front the ribs were much more yielding than natural, and were thrust forward in such a remarkable manner from the second to the seventh, that the true character of the disorder could not be mistaken by any one acquainted with its diagnosis. Although the chief difficulty appeared to be a want of muscular ability in the lower extremities, rendering the child unable to walk, or even support the erect posture without aid, yet there was evidently a rickety condition of all the bones of the skeleton, the *pigeon breast* furnishing a direct clue to the true difficulty.

In treating this disorder, the chief indication is to improve the general condition of the system, and promote a more active nutrition of the bones in particular. The only therapeutical agent employed in this case was Dr. CHURCHILL'S *hypophosphite of lime*. This was given in teaspoonful doses three times a day for more than six months, when the rickety condition of the system was entirely overcome. And at the present writing my little patient appears to be in the enjoyment of the most perfect health, erect, straight as an arrow and nimble as a deer, and the only remaining sign of the disease is the pigeon breast; this, however, is not so prominent as at first, and does not constitute a marked deformity. I regard the hypophosphite of lime a very valuable therapeutical agent in this condition of the system. It should be given as soon as the first symptoms of the disease are manifested, and continued as long as a single vestige of the disorder remains. Where the malady has made some progress it will sometimes have to be administered a long time before any benefit will be experienced. In one case I persisted in its use for four months before any amendment was discovered, after this the patient improved rapidly.

The case which has just been described was not regarded as rickets by any of the physicians who had examined her. They all overlooked the constitutional malady and addressed their remedies to the local trouble, thus furnishing us with another marked example of the importance of a correct diagnosis in the treatment of the various maladies which afflict mankind. Local remedies will never cure a constitutional disease, and as a vast number of symptoms and physical signs are but the local expressions of a constitutional malady, we cannot always interpret disease correctly if we suffer our minds to be exclusively occupied by one or the other. We must take them all, conjointly and individually, trace out their connection, and show the relation which each one has to the whole. In this way our diagnosis will be more than a conjecture, and our treatment more than an experiment.

How far the pigeon-breasted thorax may be relied upon as a sign of the rickety diathesis, every practitioner must determine for himself. To distinguish this form of the breast from the pigeon breast of catarrh or bronchitis, is, I am aware, not always an easy matter; but if proper care be exercised there is no necessity for a mistake in our diagnosis. All that is requisite for us to keep in view on this point is, that in the pigeon breast from rickets, all the ribs are softened, hence the deformity includes all of them, and extends from its base to its apex. In the pigeon breast from bronchitis the upper part of the thorax is flattened from before backward, it is only the lower end of the sternum which is thrust forward. The little patient is pigeon-breasted, but it is only pigeon-breasted at the inferior part of the chest.

[To be continued.]

Advice to Medical Students.

Next to a knowledge of the profession, or even before it, the way to succeed in medicine is to possess a knowledge of human nature. That is to be got by living in public; by incessantly mixing with your fellow-creatures, watching their peculiarities, imitating their excellencies, avoiding their foibles, and behaving yourself with truthfulness, frankness, generosity and plain dealing. Shy men do not get on well in the world, nor do absent men, nor do people with a reserved and distracted air, nor slow, awkward men, nor people who hedge, and trim, and potter, and never give a plain answer to a plain question, and never seem able to form a positive opinion and stick to it. But the sovereign cure for all these infirmities is the course we recommend. Verify all facts by your own senses; never be a mere bookworm, and never prefer solitude to good society.—*London Medical Times and Gazette.*

Hospital Reports.

PHILADELPHIA HOSPITAL,
Nov., 1863.

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by *Drs. Reeve* and *Ford.*

Talipes or Club-foot.

This is a very common affection, but often a very grave one, creating deformity for life if not judiciously treated, and at the proper time, which is in infancy or early childhood.

The foot generally assumes one of five positions, viz.: First, *Pes Equinus*, or that in which the heel is drawn up by the contraction of the gastrocnemius and soleus muscles acting upon the tendo Achillis. This deformity is the most common, and is generally complicated with some of the other varieties. Second, *Pes Calcaneus*, in which the toes, instead of the heel, are drawn up by the flexors of the foot and extensors of the toes. Third, *Varus*, or that in which the toes are drawn inward by the contraction of the adductor muscles; it is nearly always complicated with Pes Equinus. Fourth, *Valgus*, the reverse of Varus, as the toes are turned outward; the muscles contracted in this variety are antagonistic to those in Varus, being the peroneus. Fifth, *Pes Talux or Plantaris*, in which the patient walks upon the dorsal surface of the toes and metatarsal bones; this is by far the rarest form of the deformity. The real cause of these deformities is a mooted point, most probably it is to be found in some peculiarity of the nerve endowments of certain groups of muscles.

Case.—This boy, aged eight years, is a very fine illustration of the variety Pes Equinus. The case is quite remarkable in some respects. First, you will notice that the feet are as large as you would expect to see them in one of his age; this is very uncommon, for, in the great majority of cases the feet are much smaller and the bones are imperfectly developed; but in this example the feet are perfect, except the deformity mentioned, this not being conjoined with varus, as is usually the case.

In children you may commence the treatment as early as the eighth or twelfth week, and unless the distortion is great, it may be corrected by the shoe, without using the knife, care being always observed to prevent the skin becoming chaffed by pressure, using, with this view, cold bathing, friction with a flannel cloth, or soap liniment.

The tendon at fault in the present case, is the tendo Achillis, and the operation is performed by extending the foot, picking up the skin over the tendon, making a small puncture, and inserting, flatwise, a blunt pointed tenotome between it and the tendon; then turning the edge against the tendon, and by pressing the instrument and forcibly flexing the foot, the stricture will be divided with a snap. The foot is now to be forced into its proper shape and retained there, which latter indication is very nicely carried out by an ingenious instrument prepared by Mr. KOLBE, by which the heel can be brought down to any extent, the toes being elevated at the same time. This instrument should not be removed for at least three days after being adjusted, unless there should be great pain and swelling. A roller should first be applied to protect the parts from pressure and prevent swelling.

Some surgeons prefer the old method of letting the foot remain at rest for two or three days after the tendons are divided, until reparative material to some extent has been formed; the heel is then brought down very gradually, only three or four lines daily. Others prefer to bring it down at once and retain it there, for union will take place though the divided ends be some distance apart, and no more inflammation will be created by this mode of procedure than by the other.

The time required for a cure varies very much. The patient should always wear the instrument for several months, and after that time a stiff shoe or boot for some years, for there is a tendency to the reproduction of the deformity for a long time.

Encephaloid of the Testicle and Its Excision.

Encephaloid of the testicle is not an unfrequent disease; like scirrhus of the testicle, it is malignant. The symptoms of the two diseases are very different. Encephaloid of the testicle is soft and elastic, grows rapidly, and may attain a great bulk. The pain is slight at first, but becomes severe as the disease progresses. There is enlargement of the subcutaneous veins. This disease occurs at all periods of life, though principally in young persons, and will prove fatal in a period varying, on an average, from nine months to one year.

Scirrhus of the testicle is hard, inelastic, of slow growth, and never becomes large. The pain exists from the beginning, and is sharp, deep-seated, and lancinating. There is no enlargement of the subcutaneous veins. It always occurs in advanced life, and is extremely unfrequent. The following case is illustrative:

F. S., aged forty-two years, was before the class October 31st, on account of encephaloid disease of the right testis. About seven weeks from this date his left testis was removed on account of similar disease. Four weeks after the operation, when the parts had healed, the remaining organ began to attract his attention, on account of an uneasiness which he felt there. It was painful,—the pain shooting up from the testicle in the direction of the spermatic cord—enlarged, somewhat elastic, and rapidly increased in size. A lotion of lead-water and opium was applied up to the 31st of October, when excision of the organ was performed. The parts were grasped with the left hand so as to make the skin tense, and a straight incision was made from the upper end of the testicle to its lower extremity. The spermatic cord was then detached from the surrounding structures, its vessels ligated, and then detached. Other small vessels may require the ligature, but in this case it was useless. The ligature was brought out the upper end of the wound, which was closed with several interrupted silver-wire sutures. Cold-water dressings were applied until suppuration commenced, when they were discontinued and warm-water dressings substituted. The patient was then put on tonics and generous diet. On the thirteenth day after the operation the ligature came away, and the parts rapidly healed. The case progressed satisfactorily, without any adverse symptoms, and is now nearly well. The patient has had no sensual desires and no erection of the penis since the operation. The only plan of treatment in such cases, is prompt removal as soon as the character of the case is fully ascertained.

JEFFERSON MEDICAL COLLEGE,
November 28, 1863.

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by *Dr. J. Gerden Maxwell.*

Staphyloma of the Cornea.

C. L., four years of age, an intelligent little child whose vision was almost entirely destroyed by spherical staphyloma of both corneæ.

In commenting upon the case, Professor Gross remarked: The immediate cause of staphyloma is a

weakened and attenuated condition of the cornea, especially of its central portion, from inflammatory action, thus rendering it incapable of resisting the aqueous fluid. The cornea soon becomes opaque, tough, hard and thickened. As these changes progress, the membrane gradually projects beyond the lids, descending toward the cheek, as noticed in the present case. Vision is always greatly impaired, and frequently completely destroyed. In the incipient stage, a general antiphlogistic course will sometimes be of service, if not in permanently arresting the disease, at all events in staying for a time its progress. In the present case, however, these means would be out of place, and the only remedy left us is excision of that portion which projects beyond the edges of the lids.

An assistant holding the child, the Professor seized the apex of the tumor with a tenaculum and removed the projecting portions of both corneæ with a sharp, narrow bistoury, carried from above downward, cutting off the requisite amount with a single sweep, care being taken not to include too much substance; the eye should collapse from the escape of its humors. The lids were then closed with isinglass plaster and the child put upon general antiphlogistic treatment in a dark room, with the head and shoulders properly elevated.

Arterio-venous Aneurism—Aneurismal Varix.

Captain Z., thirty years of age, of Philadelphia. Through the kindness of Dr. ATKINSON, Professor GROSS was enabled to present to the class a beautiful illustration of this peculiar form of aneurism. The history of the case is as follows:

On the 20th of August, 1862, at the second battle of Bull Run, the captain was struck by a round musket ball, which entered diagonally about an inch and a half above the popliteal space, passed between the femoral artery and vein, making a very small communication between them. The wound healed kindly, but left an aneurism. Upon the examination at the clinic, no tumor was discoverable, but the ear detected a peculiar sawing sound, and the hand a sensation like that produced by the purring of a cat. As the captain's health was excellent and he suffered no inconvenience from the aneurism, Professor GROSS considered non-interference as the proper course to be pursued.

He then drew attention to the rarity of this form of aneurism. He also pointed out the marked difference in the appearance of the wound made by the entrance and exit of the ball; in the present case, the former, he said, was remarkably depressed or hollow, whereas the latter was on a level with the surrounding surface.

Necrosis of the Lower Jaw from Ptyalism.

P. H., forty-five years of age. Several years previously, during an attack of illness, large quantities of mercury were injudiciously administered to the patient, which resulted in profuse ptyalism, and consequently necrosis of the lower jaw. When brought to the clinic, the right side of the face presented the appearance of a large bony tumor with a cicatrice on its under surface, from which nature had been endeavoring to throw off the dead bone. Upon opening the mouth, a portion of denuded bone about an inch and a quarter in length was seen, of a whitish color, surrounded by diseased gum, which not only affected the mouth but also the breath. A probe being brought in contact with the exposed bone, a peculiar ringing sound was emitted, very different from that of healthy bone. Six teeth were loose, and were accordingly extracted as a preliminary step. The Professor then enlarged the sinus and with the forceps removed the necrosed bone, which extended through the alveolar process down to the body of the jaw; the canal was then washed out with the syringe, in order to free it of any débris that might remain and act as an irritant. The after treatment consisted mainly in attention to cleanliness and the free use of chlorinated soda and water, with tonics internally.

The patient returned a week afterward, and stated that he was nearly well.

PHILADELPHIA DISPENSARY,
OBSTETRIC DEPARTMENT,
Nov., 1863.

CLINIC BY E. A. SPOONER, M. D.

Reported by *J. H. Sheri*, M. D.

Anteversion of the Uterus.

In anteversion of the uterus, the displacement is such that the womb occupies a transverse position in the cavity of the pelvis, the fundus being directed anteriorly against the neck of the bladder, toward the symphysis pubis; whilst the os uteri, looking posteriorly toward the sacrum, is frequently found closely pressing the rectum. Many obstetrical writers speak of this displacement as being exceedingly rare, whilst some others treat of it as a variety comparable, both as regards the attendant suffering and the curability of the affection, to the far more common and much more manageable displacement, known as retroversion of the uterus. Since the utility of the uterine sound, as a means of diagnosis, has been demonstrated, the comparative frequency of the affection has been established, and various means for relief suggested.

The symptoms of anteversion are both functional and physical. Many of the functional symptoms are identical with those resulting from the other displacements, such as hysterical and neuralgic pains in the head, mammæ, side, back, limbs, etc., indigestion, constipation, dysurea, retention or incontinence of urine, pain with sense of weight in the region of the womb, etc. Occasionally, menstruation is so deranged as to give rise to dysmenorrhœa or menorrhagia, whilst frequently the mucous secretion is so changed as that leucorrhœa results. These functional symptoms may be partially or nearly all wanting, hence it follows that a per vaginam examination by the touch, speculum, and uterine sound, are each or all essential to the completion of the diagnosis. It is, indeed, by means of the physical symptoms that the various displacements of the womb are recognized and distinguished the one from the other. In the examination with the finger, the direction of the os will nearly always establish the fact of the existence of anteversion, for it will be found high in the posterior portion of the vagina, often barely within reach of the finger, save upon the exertion of considerable force in its introduction. But it is upon the evidence afforded by the manipulations with the uterine bougie or sound that the confirmation of the diagnosis will eventually depend; and this is established by observing the direction the sound assumes in its entrance within the cavity. Thus it is evident that when, in entering the womb, the sound is so directed that the handle looks downward and backward, the inference is conclusive that the fundus occupies the position before described.

The treatment of anteversion consists in restoring the uterus to its normal position, applying such remedies as will tend to its retention in situ, together with efforts at removal of any concomitant, morbid conditions which co-exist; such, for instance, as congestion, hypertrophy, inflammation or ulceration of the os and cervix uteri, etc., etc.

The case before you, gentlemen, evinces at once the peculiarities of the symptoms, together with certain accompanying morbid conditions, suggestive of means for both local and general treatment.

M. W.; aged thirty-three; American; married; the mother of five children, all living, youngest eighteen months old; commenced to menstruate about eight months ago, when she ceased to nurse her child; she has since menstruated regularly. She presented herself here some months ago, complaining of headache, pain in her thighs, bearing-down sensations, etc. There was impaired digestion, constipation, and a general condition of anæmia. There was incontinence of urine, that is, she was constantly distressed with a painful desire to urinate, the urine occasionally passing involuntarily; with this there existed heat and soreness of the external genitals.

Incontinence of urine is frequently caused by pressing of the uterus upon the bladder, forcing it against the symphysis pubis, obliging the patient to pass urine very often, on account of the diminished calibre of the bladder. This falling forward of the fundus of the uterus, or anteversion, and the consequent pressure upon the bladder, may be caused by an enlargement of the uterus, the result of congestion and relaxation of its ligamentous and vaginal supports, or by pregnancy.

The introduction of the finger discovered the os posteriorly high up in the vagina. The speculum revealed no disease of the vagina, os, and cervix uteri. The sound introduced within the uterus took a direction anteriorly, indicating anteversion. The treatment consisted of a support to the abdominal parieties externally, cantharides, iron, quinia, etc., to correct the incontinence of urine, with a view of aiding, by the distention of the bladder, a return of the uterus to its normal position, and to improve her general condition. She returns, after two months' treatment, to express her gratitude for the entire relief of her distressing symptoms.

Editorial Department.

Periscope.

Treatment of Orchitis by Puncture.

Puncture of the healthy testicle, it is well known, is almost certain to cause severe inflammation, if not hæmatocele; and so, too, a wound of a serous cavity, as the knee, pleura or abdomen, will likewise, with as much certainty, produce an inflammation which will even jeopardy life; yet it has been demonstrated that the knee, pleura or abdomen may not only be relieved, but placed in a fair way towards recovery by withdrawing the effused liquid. Dr. Beaney (*Dublin Med. Press*) pursues the same course in orchitis with as happy results. He found, after twenty *post mortem* examinations, that the tunica vaginalis was in a state of inflammation, and distended with turbid serum; the epididymis was enlarged at its lower part, and very much thickened and indurated; the testes were *slightly* enlarged, and their vessels considerably injected. We have hitherto been taught to regard the disease under consideration as an inflammatory affection of the parenchymatous texture of the testicle, the pain being attributed to the strangulation of the inflamed organ by the unyielding nature of the tunica albuginea; but, from the pathology of this affection, he is inclined to consider that it is the serous covering of the testicle—the tunica vaginalis propria—that is primarily affected, the vascular condition of the testes being merely a secondary lesion. Immediately an outlet is made for the escape of the effused fluid, the pain in the testicle at once subsides, and it will be found but very slightly enlarged.

The disease hitherto termed "orchitis" is an acute inflammation of the vaginal tunic, exhibiting the same phenomena as inflammation of serous textures in other situations; thus, the redness of the skin, the hardness and swelling, together with the sickening pain felt in the testicle, are only symptoms of the distended condition of the serous investment of the testicle.

His plan of treating all stages of acute inflammation of the testicle and its coverings is by evacuating, as early as possible, the effused fluid contained in the tunica vaginalis by means of a small trocar and canula, which fulfil all the requirements of the surgeon. The patient stands erect; then, by grasping the testicle as in hydrocele, the trocar and canula are plunged into the most dependent part of the scrotum, and the serum completely evacuated. He is directed to keep his bed, with a local application of the acetate of lead and opium; and a cure is generally effected in six or seven days.

A New Test for Milk.

By Dr. Alfred Vogel.

Dr. Vogel, after alluding to the different methods which have hitherto been adopted for testing the purity of milk, describes an apparatus devised by himself, and which is founded upon optical principles. The chief adulteration of milk is water, and the quality of pure milk depends upon the greater or less abundance of oil globules which it contains. The principle on which Dr. Vogel's test is founded is the impermeability of milk to the rays of light, and his first experiment was made with a flat bottle, such as is sometimes used for keeping scents. A taper was placed behind the bottle, and a certain quantity of water was poured into it, the flame of the taper being, of course, seen through the water and the glass sides of the bottle. Milk was now gradually added to the water, until the flame of the taper became invisible, and a repetition of the experiments proved, that invariably at that moment of the addition of the same drop of milk the last ray of the light from the taper disappeared. Hence it was shown, that a measured layer of water between two parallel glasses always becomes, by the addition of a measured quantity of milk, so opaque that a light can no longer be seen through it. The same milk was then diluted with water, and it was found that a greater quantity of this diluted milk must be added in order to render the mixture opaque. Dr. Vogel's apparatus consists of the following materials, namely:—1. A glass for mixing the water and milk, having a gradulated scale marking exactly 100 centimetres; 2. A test-glass, with parallel glass sides separated exactly half a centimetre from each other; and, 3. A fine, graduated pipette. Dr. Vogel gives minute directions for using this apparatus; but the principal operations consist in first pouring water into the mixing-glass, and gradually adding milk from the pipette. The mixture is then shaken and poured into the test-glass, behind which a lighted taper is placed. If the light is still visible, the mixture of water and milk is poured back into the mixing-glass, and a measured quantity of milk is added, and then the mixture is again poured into the test-glass. By a little practice, the exact time is soon ascertained when the light is on the point of disappearing, and when it has quite disappeared the experiment is at an end. It is thus ascertained how much per cent. of milk is necessary to cause the complete opacity of a layer of water half a centimétre in thickness.

This very simple, and, at the same time, ingenious, contrivance of Dr. Vogel is well worthy of attention, considering the great importance of milk as an article of diet for all classes of the community, especially children, and considering, also, that the most common adulteration of milk, namely, water, is the most difficult of detection.—*London Medical Times and Gazette.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 5, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in January, 1864, will commence the *Eleventh Volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money ($3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out *a thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the REPORTER.

For further particulars, see Prospectus on the cover in every alternate number.

THE EPIDEMIC AT GIESBORO', NEAR WASHINGTON.

Last week we referred to a disease that had broken out among the contraband laborers at the Government corral at Giesboro', near Washington. According to recent reports the disease is becoming more and more virulent, and the deaths number five to ten daily. It is not improbable that, as we suggested last week, the disease is dependent upon the impure exhalations and urinous odor that abound where so many horses are kept, especially as no effective disinfectant is employed to neutralize the foul emanations.

The first symptoms of the disease are said to be a slight chill, accompanied by a painful or distressing local sensation either in the hand, arm, foot, knee or back. A stupor follows the chill, after which the disease assumes its most virulent stage Severe pain is felt in the head and breast; great prostration of the muscular strength attends almost invariably; petechiæ, or spotted eruption of the skin, follows, and the tongue becomes black. The last symptom of the disease is that of vomiting—a most disgusting substance, resembling *fæces*, being thrown from the stomach. In from six to twelve hours after being attacked, the disease generally leaves the patient a corpse.

Many of these symptoms are very similar to those of the disease which a few months ago prevailed in the vicinity of Philadelphia, and in other parts of the country, under the names of "Spotted Fever," and "Scarlatina Maligna." A disease which was very likely of the same general character as this, also prevailed among the negro population of this city in 1819-1821 under the name of "The Negro Fever."

As to the treatment of the disease, the indications would seem to point unmistakably to prompt and decisive stimulation. Preventive measures should not, however, be overlooked. It is represented that bad diet, irregular labor, and low, marshy ground, are the incipient cause of the epidemic at Giesboro'; and until these causes of sickness are removed, or rendered inoperative, we cannot expect a more favorable report from that locality. The use of efficient disinfectants would undoubtedly aid in removing the causes of the disorder.

It is said that in 1847 a similar disease prevailed in the vicinity of Washington among a regiment of South Carolina troops, who were called into service at a most inclement season, without arrangements for hospital attendance, and without medicines or hospital stores. In this condition they were exposed in tents in rough weather, on the Washington race course, and fell sick in great numbers, and suffered severely.

SUFFERINGS OF UNION PRISONERS IN RICHMOND.

For some time past the newspapers have teemed with accounts of the sufferings of Union prisoners in the hands of the insurgents. It seems that they hold about 13,000 men, most of whom are occupying very poorly provided and uncomfortable quarters in and near Richmond. They refuse, on

technical grounds, to exchange these men, although the Government holds two or three times as many. We had hoped that these reports were exaggerations and unworthy of notice, but they are now so well authenticated that it is impossible to doubt that there is too much foundation for the complaints.

A statement of the condition of the prisoners, published by some of the surgeons who were released last week, is inserted in another column.

In extenuation of the conduct of the rebel authorities in this regard, it is claimed that they treat the prisoners as well as they have the ability, that they have not the food and clothing for them, that they themselves are many of them in the same condition that the prisoners are. We do not doubt that there is some truth in this view of the case. We cannot believe that the rebel authorities would try to accomplish ulterior objects by voluntarily submitting prisoners to a course of starvation.

We are glad to announce that clothing and provisions have been forwarded to our suffering prisoners, and that they have reached their destination.

But if we rightly understand the case, this provision will have to come from private beneficence, through voluntary associations, like our Christian and Sanitary Commissions, and as large amounts will probably be needed, we trust that our readers will be contributors to the fund for their relief.

Notes and Comments.

Barclay's Medical Diagnosis.

Among the numerous orders that we are filling for medical books for our subscribers, there is no work that is called for so frequently as Barclay's Medical Diagnosis. We are glad of it; for we regard it as one of the most valuable books published. The subject it treats of—the diagnosis of disease—lies at the very foundation of an intelligent and successful treatment of the various maladies that fall under the notice of the physician.

We would again urge upon our readers the importance of the class of books that treat of the *principles* of our science, and if through our influence such works shall become popular in the profession, both they and the public will be the gainers, and we shall feel that we are well repaid, in the amount of good we have been the means of doing.

An Ambulance and Hospital System.

A number of the prominent physicians of Massachusetts "believing that there is a painful doubt in the mind of some persons whether everything has been done toward providing a proper and uniform ambulance system for all the armies of the Republic, and believing also that *some* plan should be digested by order of Congress, and legally established," recommend physicians throughout the country to circulate and obtain signatures to the following petition, and forward it to some Senator or Representative in Congress:

To the Honorable Senate and House of Representatives in Congress assembled:—

The undersigned of in the State of respectfully request your Honorable body to pass a law providing for a uniform Ambulance and Hospital system for the armies of the United States.

Names.	Residence.

Abortionists.

Occasionally one of these criminals is brought to punishment—we were going to say *justice*, but the punishment is generally so disproportionate to the heinousness of the crime that it would be a mockery to call it justice. One or two in New York, and one in this State have recently been convicted and sentenced to the penitentiary. "Dr." A. L. Alstead was convicted in Dauphin county, in this State, a few days ago, for causing a criminal abortion, and sentenced to pay the costs of suit, a fine of $100, and to a confinement of three years and four calendar months in the Eastern Penitentiary.

There are scores of professed abortionists in our large cities who ply their iniquitous business, and go unwhipt of justice. Much of it is done under the guise of medicines "for female diseases," which are advertised in the newspapers, accompanied with the warning that the medicines should not be used at "certain times." The law should deal severely and promptly with these criminals.

County Medical Societies.

The Reporter goes to subscribers in many counties in this and other States in which there are no medical organizations. We take it for granted that our readers are among the more intelligent members of the profession in their several localities. They are the ones therefore to take the initiative in the matter of organizing the profession. Let them enter promptly upon the work, so that at the approaching Spring sessions of our National and State medical organizations, many counties now without societies will be creditably represented.

Release of Surgeons.

Sometime since we expressed the hope that the escape of Dr. W. P. RUCKER, on whose case the exchange of medical officers seemed to hitch, would have the effect of again starting the wheels of exchange. Either that solution of Dr. RUCKER's case, or something else has had the effect of releasing a large number of medical officers who have for some time been in the hands of the rebel authorities. They arrived in Washington on Thanksgiving day, November 26th.

We trust that this is the last time that medical officers will be held as prisoners of war on either side.

The released Surgeons have been granted twenty days leave of absence.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, *Nov.* 6, 1863.

Quinia in Typhus Fever.

It is generally understood that quinine produces little or no effect in typhus fever; nevertheless, it is not unfrequently administered in that disorder by way of trial, and in order not to throw away a chance. Dr. PECHOLIER, of Montpelier, has lately addressed a paper to the Academy of Sciences, in which he considers the application of quinine in three distinct cases: 1. When the typhus fever is not complicated with any other disease, quinine and Peruvian bark do not stop its progress, although the intensity of the evening fits is sometimes diminished, and the pulse experiences a slight fall for a short time; but the other symptoms persist and acquire intensity, the fever soon returns to its former violence—and in that case quinine cannot be considered as a specific. 2. When typhus fever is clearly characterized, but complicated with a remittent fever, manifesting itself by the hour, and intensity of fits, quinine will rapidly put an end to the remittance, and even the typhus fever, though it continues its course, offers symptoms of improvement, and generally ends favorably. 3. When typhus fever appears with all its most virulent symptoms, Dr. PECHOLIER is of opinion that it is complicated with a violent malignant fever, which he calls *dothinenteric*. In such cases he has tried bark and its preparations with unexpected success, having found that it cuts the fever at once, and that convalescence begins on the following day, or the second at the latest. Now, as in cases of pneumonia or apoplexy, characterized by periodical returns of increased intensity, and stopped by bark, the conclusion is, that the disease was a pneumonic or apoplectic malignant fever; so, in these cases of intense typhus fever cut by Peruvian bark, Dr. PECHOLIER arrives at the conclusion that the typhoid form is but a mask covering a decided malignant fever. The preparation he has found most powerful, is the sulphate of quinine made up with the alcoholic extract of bark.

Aid for the Wounded in Battle.

An International Congress, at which Gen. DUFOUR presided, opened at Geneva on the 26th ult. The object of it was of great philanthropic importance, the design being to provide assistance for the wounded, in time of war, in the military ambulances. The idea of this Society was started by M. DUNANT, a native of Geneva, who explained his plan some months since in a pamphlet published in that city. He had followed the Franco-Italian armies on the battle-fields of Magenta and Solferino, and witnessed the sufferings of those who had to wait for hours, sometimes for a whole day, for a first dressing. The creation of this Society has, therefore, no other object than to send its members in time of war to offer their aid to the wounded on the field of battle. The success attending Soldiers' Relief Committees in the United States is invoked in favor of this laudable project.

The Water of the Dead Sea.

M. ROUX publishes a paper on the composition of the waters of the Dead Sea, showing that it contains about 9½ per cent. of chloride of magnesium, 6 per cent. of chloride of sodium, 3 per cent. of chloride of calcium, 1½ per cent. of chloride of potassium, and traces of bromide of magnesium, sulphate of lime, hydro-chlorate of ammonia, carbonate of lime, oxide of iron, alumina, and 79½ per cent. of pure water.

The Soda Trade.

M. THIBIERGE states that the soda trade, which had its origin in France, is now visibly falling off in the supply of the raw material, which may now be found in greater abundance in foreign parts. To remedy this evil, M. THIBIERGE proposes to mix sulphuret of iron, or of iron and copper, which exists in vast quantities, with any combustible, such as peat, lignite, coal or coal-dust, and then set fire to it. The result of the combustion would be ashes containing metallic oxides and sulphate of soda, which might afterward be easily separated and transformed into carbonate.

Guaco.

Dr. PANCAL describes the effects of the tincture of guaco, a plant used in Africa from time immemorial as a preservative against the bites of serpents. But as there are several species of that name, besides the *mikania guaco*, Dr. PANCAL combined the latter with the Cuban species, thereby composing a tincture which appears to be extremely useful in the dressing of sores.

Fermentation.

Conformably to my promise, I now revert to the subject of fermentation, which is attracting considerable attention at present. Your readers are aware that M. PASTEUR has proved ferments to be living beings, only to be discovered by the microscope.

Many of his assertions, however, those especially which relate to the question of spontaneous generation, are being now severely scrutinized by those who hold a contrary opinion. Among these is M. Lemaire, who has just addressed a communication to the Academy of Sciences on the subject. Having saturated a liquid containing a large number of *vibrios* (small animalcules remarkable for their lively motions) with carbonic acid, and then closed the tubes containing them by the flame of the spirit-lamp. After forty-eight hours the vibrios all became motionless, and on the sixth day they were all dead. Now, M. Pasteur states that *bacteria* (another kind of infusoria that are generally sluggish and have the appearance of small sticks) absorb oxygen, and that vibrios live on carbonic acid. M. Lemaire denies this, and, on the contrary, maintains that vibrios are but bacteria in a more advanced state of development, since a liquid that contains bacteria in the morning is found to contain vibrios in the evening; and he then asks, not without reason, how such opposite substances can be the food of the same animal. M. Lemaire moreover states, that in neutral vegetable and animal substances, it is the microzoaria or animalcules which first make their appearance in decomposition; and these are followed by microphytes or microscopic plants, when the liquids that are operated upon become acid. In the melon, where sugary and nitrogenized substances are associated with a small quantity of acid, animalcules and mucedinæ, a kind of microphytes, make their appearance simultaneously. Such, indeed, is the influence of acids on the order in which these minute beings appear, that by acidulating neutral vegetable or animal substances to various degrees, microphytes may be made to grow instead of microzoaria, and conversely.—*Paris, Nov.* 12, 1861.

Epilepsy.

It would be no easy task to enumerate all the remedies which have been employed against that obstinate and well nigh incurable disease, known as epilepsy or falling sickness. The treatment should vary, according to the cause which occasions the disease. When it is sympathetic and arises from worms, anthelmintics ought to be employed. In some cases of epileptic fits, the oil of turpentine, in doses of from half an ounce to one ounce, has been found a very useful medicine. When teething is the exciting cause of the disease, the inflamed part of the gum should be deeply scarified, the body being kept open with laxative medicines, and the feet bathed in warm water. If the epileptic paroxysms seem to be owing to disordered digestion, the contents of the stomach shou'd be evacuated by an emetic, consisting of a solution of the sulphate of zinc in an aqueous infusion of ipecacuanha, the dose to vary according to the age of the patient, and the different degrees of irritability of the stomach, and so on. Bleeding has been found of some utility in cases where the predisposition to epileptic fits has arisen from a plethoric state of the system, or from a turgescence in the vessels of the head. In those cases, besides bleeding, an abstemious diet and proper exercise, and issues between the scapulæ, or a seton in the neck, may be recommended. The insertion of a seton in the neck has sometimes been attended with considerable relief when, from frequent paroxysms, a morbid condition of the encephalon had prevailed. In those cases, digitalis has also been found serviceable; but to produce a permanent effect, the constitution must be kept under its influence for some weeks, by giving from half a grain to one grain of the powder, or from fifteen to thirty drops of the tincture, three or four times a day. Anti-spasmodics, such as valerian, castor, musk, ether, oil of amber, oleum cajeputæ, arnica montana, belladonna, hyoscyamus, and opium, have been employed with more or less success. Electricity has been tried, but there are few cases on record which have been benefitted by that agent. The younger the patient and more recent the complaint, the greater will be the chance of the electric current being of service.

Hitherto no specific has been found against epilepsy. Dr. Herpin, formerly of Geneva, and now practising in this city, extols the virtues of the white oxyde of zinc in this disease. It may be administered according to the following formulas:

℞. Zinci oxydi, gr. xij.
Pulv. cinnam. comp., gr. xv.
Cinchonæ, 3j. M.

Et in chartul., xij divide, quarum unam sumat ter in die.

Vel,

℞. Zinci oxydi, gr. xxiv.
Extract. gentian., 3ss.
Syrupi., q. s. M.

Ft. massa, et in pil., xij div.

Two may be taken morning and evening, with one ounce and a half of a decoction of Peruvian bark.

Drs. Trousseau and Bretonneau administer, with some degree of success, pills composed of 0.01 of extract of belladonna, and 0.01 of the powder of belladonna.

Breathing Apparatus.

At a late sitting of the Academy of Sciences, M. Galibert described an apparatus for securing free and complete breathing to persons obliged to stay some time under water, or to penetrate into places filled with deleterious gases or smoke. This apparatus consists of a piece of wood having the form and dimensions of the human mouth when open. To this piece of wood two India-rubber tubes are fixed, of any length, according to the exigencies of the case. The man engaged in the operation is further provided with a nose-pincher, or instrument for compressing the nostrils, so as to prevent the introduction of the deleterious gas or of water, as the case may be. The operator puts the piece of wood into his mouth, and puts on the nose-pinchers; he stops one of the orifices with his tongue, and inhales pure air from the other; after which he shifts his tongue to the latter orifice, and exhales his breath

through the other. He continues thus regularly shifting his tongue from one orifice to the other, in the order of the inspirations and expirations; but even a mistake would be of little consequence. A man easily learns the use of the apparatus by a few minutes' exercise. This contrivance has the merit of requiring no preparation, and thus affording a speedy means of affording assistance in the case of fires or of suffocation by water or gases. It might also be used in medicine for the complete immersion of patients in a bath, which might sometimes be advisable.

W. N. Côté.

Army and Navy News.

Reports of Killed and Wounded.

(Circular No. 25.) General Orders No. 355. War Department, Adjutant-General's Office, Washington, Nov. 4, 1863.—Medical Directors of armies in the field will forward, direct to the Surgeon-General, at Washington, duplicates of their reports to their several Commanding Generals of the killed and wounded, after every engagement.

By order of the Secretary of War:

[Signed] E. D. Townsend.
Asst. Adjutant-General.

Surgeon-General's Office, Washington, November 11, 1863.—To carry out the intentions of the above order, Medical Directors of armies in the field will detail suitable officers, who will, under their instructions, collate and prepare for transmission to this office all obtainable statistics and data in connection with past and future operations of those armies, which may be essential or useful in the accurate compilation of the Medical and Surgical history of the War. Particular attention is called to the following points:

The morale and sanitary condition of the troops, condition and amount of medical and hospital supplies, tents, ambulances, &c.; the points at or near the field where the wounded were attended to; degree of exposure of wounded, to wit: cold or heat; adequacy of supplies of water, food, stimulants, &c.; mode of removal of wounded from field to field hospitals; to what general hospitals the wounded were transferred—by what means and where; the character and duration of the action, nature of wounds received, &c. When practicable, separate casualty lists will be made of commissioned officers, non-commissioned officers, and privates.

The attention of all medical officers is earnestly directed to the importance of this subject; without their co-operation no reliable record can be preserved—the vast experience of the past will remain with individuals, and be lost to the service and the country.

J. K. Barnes,
Med. Inspr.-Gen., Act. Surg.-Gen.

Hospital Examining Board.

The Hospital Examining Board, convened by Special Orders No. 414, September 15, 1863, from the War Department, and of which Lieutenant-Colonel S. H. Lathrop, Assistant Inspector-General 22d Army Corps, is President, will proceed without delay to inspect and report upon the United States General Hospitals at the following cities:

Harrisburg and Philadelphia, Penn'a.
New York City and vicinity.
Cincinnati, Ohio, and vicinity.
Louisville, Kentucky, and vicinity.
St. Louis, Missouri, and vicinity.
Chicago and vicinity, Mound City, and Cairo, Illinois.

They will also inspect and report upon the manner of forwarding convalescents from these hospitals to their regiments, and present such suggestions as may tend to facilitate their return.

Medical Inspectors.

The following Medical Inspectors, U. S. A., now on duty with the armies constituting the Military Division of the Mississippi, will at once report by letter to Major-General Grant, at Nashville, Tenn., for assignments to duty:

Lieut.-Col. Chas. C. Keeney, Lieut.-Col. Edward P. Vollum, Lieut.-Col. George T. Allen, Lieut.-Col. Lewis Humphreys, Lieut.-Col. John E. Summers.

Special Inspector.

Stillman Witt, of Cleveland, Ohio, is hereby appointed a Special Inspector, to visit the hospitals at Port Royal and Hilton Head, and will report to the War Department. The Assistant Quartermaster at New York will furnish Mr. Witt, his wife and daughter, with transportation in a Government transport to and from Hilton Head, S. C.

Assigned.

The following assignment of medical officers has been made:

Surgeon Charles H. Laub, U. S. A., now awaiting orders in Washington, D. C., to relieve Surgeon Ebenezer Swift, U. S. A., in his duties as member of the Retiring Board at Wilmington, Delaware, of which Major-General McDowell is President.

Surgeon Swift, when relieved, to proceed without delay to the Department of the South, to relieve Surgeon Horace R. Wirtz, U. S. A., as Medical Director of that Department; the latter, on being relieved, to proceed to New York City and report by letter to the Surgeon-General, U. S. A., for assignment to duty.

Assistant Surgeon H. Eversman has been assigned to duty in the office of the Medical Director at Louisville, Ky.

Surgeon George H. Hubbard, U. S. V., has been relieved as Medical Director, District of Southwestern Missouri, Springfield, Mo., and assigned to duty at Fort Smith, Arkansas, as Medical Director, District of the Frontier.

Surgeon Israel Moses, U. S. V., has been assigned to duty as Medical Director and Superintendent of General Hospitals at Murfreesboro', Tennessee. The badly wounded of "Chickamauga" have been sent there.

Surgeon Bernard Beust, U. S. V., has assumed charge of the United States General Hospital at Pittsburg, Penn'a.

Surgeon W. C. Otterson, U. S. V., has been assigned to duty in charge of the General Hospital No. 8, Nashville, Tenn.

Surgeon R. K. Smith, U. S. V., to duty as Medical Director, Port Hudson, Miss.

Surgeon S. N. Sherman, U. S. V., to duty in charge of General Hospital, Grafton, Va.

Surgeon Thomas B. Reed has been assigned to duty in charge of General Hospital, Parkersburg, Virginia.

Relieved.

Surgeon Henry Buckmaster, U. S. V., has been relieved from duty as Medical Director, District of the Frontier, and is awaiting orders at Leavenworth City, Kansas.

Surgeon A. T. Watson, U. S. V., has relieved Acting Assistant Surgeon J. M. Pilsbury, U. S. A., in charge of General Hospital No. 1, Louisville, Ky.

Ordered to Report for Duty.

The following officers will report in person, without delay, to the Commanding General, Department of the South, for assignment to duty:

Assistant Surgeon John F. Huber, U. S. V.
Assistant Surgeon Henry M. Kirke, U. S. V.
Assistant Surgeon Charles H. Hood, U. S. V.

Assistant Surgeon A. M. Sigmund, U. S. V., recently appointed, will report in person to the Commanding Officer at Camp Douglas, Illinois, for duty.

Assistant Surgeon Ira Brown, 65th Illinois Vols., now at Camp Douglas, Illinois, will proceed without delay to join his regiment.

Leave of Absence.

Leave of absence has been granted Surgeon J. R. Duncan, 37th Kentucky Vols., to enable him, as member of the Legislature of Kentucky, to attend the coming session thereof. As soon as the Legislature adjourns, he will at once return to his regiment.

Leave of absence for fourteen days has been granted Assistant Surgeon F. Delicke, 30th and 32d New York Independent Batteries.

Discharged.

The following officers, having tendered their resignations, have been honorably discharged the service of the United States, on account of physical disability, with condition that they shall receive no final payments until they have satisfied the Pay Department that they are not indebted to the Government.

Surgeon James Norval, 79th New York Vols., to date June 13, 1863.

Surgeon John W. Brennan, 1st U. S. Sharpshooters, has been honorably discharged the service of the United States, on account of physical disability from wounds received in action.

Upon the recommendation of a board of officers instituted by Special Orders No. 285, of June 27, 1863, from the War Department, Surgeon C. M. Stockwell, 27th Michigan Vols., has been honorably discharged the service of the United States, on account of physical disability.

So much of Special Orders No. 417, current series, from the War Department, as relates to Assistant Surgeon W. F. Fundenberg, 176th Pennsylvania Drafted Militia, has been rescinded, and Surgeon Fundenberg is hereby mustered and honorably discharged the service of the United States, as of the date his regiment was mustered out.

Assistant Surgeon Milton J. Bowland, Supernumerary Officer of the 71st Ohio Vols., has been honorably mustered out of service.

Resigned.

The resignation of Surgeon William S. Forbes, U. S. Vols., has been accepted by the President, to take effect November 20th, 1863.

Dismissed.

Assistant Surgeon Wallace D. Martin, 62d Pennsylvania Vols. [published officially October 19th, 1863], having failed to appear before the Military Commission instituted by Special Orders No. 53, from the War Department, within the prescribed time, the President directs that he be dismissed the service of the United States, for desertion, to date September 23d, 1863.

Released from Libby Prison.

Ninety-three Surgeons and Assistant Surgeons arrived in Washington, D. C., on the 26th inst., from the Libby Prison, Richmond, Va. Surgeon Daniel Meeker, U. S. Vols., Medical Director to General Milroy, is among the number. They have been granted twenty days leave.

Hospitals at Chattanooga.

Medical Inspector Vollum, U. S. A., reports from Chattanooga, that there are sufficient accommodations there for all the wounded in the late battles at Lookout Mountain, Missionary Ridge, etc., and that medical supplies of all kinds are ample.

Hospital Closed.

General Hospital, McKim's Mansion, Baltimore, Md., has been discontinued.

A Surgeon Wounded.

Dr. L. R. Kirk, Surgeon of the 26th Pennsylvania Regiment, was slightly wounded in the side while attending to his duties on the field, during some recent skirmishing on the Rapidan, Va.

News and Miscellany.

Dislocation of the Humerus.

Dr. Garms describes, in the *Archiv. der Heilkunde*, the following modification of Cooper's procedure:

The patient is laid upon the floor, not on his back, but on his belly, some cushions intervening. A towel is attached to the humerus above the elbow, and another, passed round the upper part of the humerus, is given into the hands of the assistant, standing on the side of the dislocated arm. The operator, sitting down on the floor, on the same side, lays hold of the lower towel, and applies the heel of the foot lying nearest the patient to the axilla. He makes extension backwards and downwards, while the assistant draws laterally. The dislocation is thus reduced with surprising facility, the agency of chloroform not being required. The advantage of this modification is, that extension backwards may be far more easily executed than when the patient is in the supine position; and this is the direction required in dislocation forwards, which prevails in the great majority of cases. For dislocation backwards, which is very rare, Cooper's procedure is the best.—*Canada Lancet.*

Sufferings of Union Prisoners in Richmond—Statement of Released Surgeons.

Washington, D. C., Nov. 27, 1863.—We the undersigned Surgeons of the United States Army, and recently prisoners in Richmond, Va., consider it our duty to publish a few facts that came to our knowledge while we were inmates of the hospital attached to Libby Prison.

We enjoyed, for several months, daily access to the hospitals where the sick and wounded among our Union soldiers received treatment. As a result of our observation, we hereby declare our belief that since the battle of Chickamauga, the number of deaths per diem has averaged fully fifty. The prevailing diseases are diarrhœa, dysentery and typhoid pneumonia. Of late the percentage of deaths has greatly increased—the result of causes that have been long at work, such as insufficient food, clothing and shelter, combined with that depression of spirits brought on so often by long confinement. It may seem almost incredible, when we affirm of our personal knowledge that in the three hospitals for Union soldiers the average mortality is near forty per day, and upon the most reliable testimony we are forced to believe that the deaths in the tobacco factories and upon the island will raise the total mortality among all the Union prisoners to fifty per day, or fifteen hundred monthly.

The extremely reduced condition of those brought from the island argues that hundreds quite sick are left behind who with us would be considered fit subjects for hospital treatment. Such, too, is the fact as invariably stated by scores we have conversed with from that camp.

The same, to a degree, holds true of the prisoners in the city. It would be a reasonable estimate to put the number who are fit subjects for hospitals, but who are refused admittance, at five hundred. A thousand are already under treatment in the three hospitals, and the Confederate Surgeons themselves say the number of patients is only limited by the small accommodations provided. Thus we have over ten per cent. of the whole number of prisoners held classed as sick men, who need the most assiduous and skillful attention. Yet, in the essential matter of rations, they are receiving nothing but corn bread and sweet potatoes. Meat is no longer furnished to any class of our prisoners, except to the few officers in the Libby Hospital, and all sick or well officers or privates are now furnished with a very poor article of corn bread in place of wheat bread. This is very unsuitable diet for hospital patients prostrated with diarrhœa, dysentery and fever, to say nothing of the balance.

Startling instances of individual suffering and horrid pictures of death, from protracted sickness and semi-starvation, we have had thrust upon our attention.

The first demand of the poor creatures from the island was always for something to eat. Self-respect gone, hope and ambition gone, half clad, and covered with vermin and filth, many of them too often beyond all reach of medical skill. In one instance the ambulance brought sixteen to the hospital, and during the night seven of them died. Again, eighteen were brought, and eleven of them died in twenty-four hours. At another time fourteen were admitted, and in a single day ten of them died. Judging from what we have ourselves seen and do know, we do not hesitate to say that, under a treatment of systematic abuse, neglect and semi-starvation, the number who are becoming permanently broken down in their constitutions must be reckoned by thousands. We leave it for others to say what is demanded by this state of things.

The Confederate daily papers in general terms acknowledge the truth of all we have affirmed, but usually close their abusive editorials by declaring that even such treatment is better than the invading Yankees deserve. The *Examiner*, in a recent article, begrudged even the little food the prisoners did receive, and the boxes sent to us from home, and closed by eulogizing the system of semi-starvation and exposure, as well calculated to dispose of us. All this is true, and yet cold weather is hardly commenced.

We are horrified when we picture the wholesale misery and death that will come with the biting frosts of winter. Recently, several hundred prisoners per day were being removed to Danville. In two instances we were standing in view of them as their ranks filed past. It was a sad sight to see the attenuated features and pallid faces of men a few months since robust and in vigorous health. Numbers were without health—numbers were without shoes—nearly all without blankets or overcoats—and not a man did we see who was well and fully clad.

But to the credit of the prisoners in Richmond, of all ranks, be it recorded, that all along they have shown heroic fortitude under suffering, and spurning the idea that their Government had forgotten them, they have held fast their confidence in the final and speedy success of our cause.

In addition to the above statement, we wish it to be distinctly understood that the Confederate medical officers connected with the hospitals referred to—Surgeons Wilkins, Simmons and Sabal, and the Hospital Steward, Hallet—are not in any way, so far as our observation has extended, responsible for the state of things existing there; but, on the other hand, we are bound in justice to bear testimony to their kindness and the faithful performance of their duties with the limited means at their disposal.

[Signed] Daniel Meeker,
Surgeon U. S. V.
C. T. Simpers,
Asst. Surg. 6th Regt. Md. Vols.
J. L. Brown,
Asst. Surg. 116th O. V., I.
A. M. Parker,
Asst. Surg. 1st Maine Cavalry.

Donation to a Military Hospital.

We understand that the Stanley Hospital, Newbern, N. C., has recently received the handsome donation of $600 from Dr. J. Baxter Upham, of this city, for the purpose of supplying wine and other luxuries to the sick and dying soldiers in that institution.—*Boston Medical and Surgical Journal.*

Symptoms and Signs.

The distinction between symptoms and signs, so often confounded, is well illustrated by the following from Captain F. B. Head's Rough Notes, taken during some rapid journeys across the Pampas, p. 257:

"The Gaucho pointed to the sky, and said, 'See! there is a lion.' I started from my reverie, and strained my eyes, but to no purpose; and he showed me at last, very high in the air, a number of large vultures, which were hovering without moving; and he told me they were there because there was a lion devouring some carcass, and that he had driven them away from it. We shortly afterwards came to a place where there was a little blood in the road, and for a moment we stopped our horses to look at it.—I observed, perhaps some person had been murdered there; the Gaucho said, 'No;' and, pointing to some foot-marks which were near the blood, he told me that some man had fallen, that he had broken his bridle, and that while he was standing to mend it, the blood had evidently come from his horse's mouth. I observed, perhaps it was the *man* who was hurt; upon which the Gaucho said, 'No;' and, pointing to some marks a few yards before him on the path, he said, 'for, see, the horse set off at a gallop.'"

The Englishman might have speculated long and wisely upon the flight of vultures, upon the structure and functions of their organs, even to the minutiæ of a feather, and yet never been so far benefitted by his speculations as to diagnosticate a lion. What are mere symptoms to one, become through a knowledge of their relationship, valuable signs to another.—*Wyman.*

Dessicated Vegetables.

Vegetables and meats deprived of moisture and submitted to severe pressure, will remain unchanged and preserve their natural taste for a long period in any climate. A very large business is now carried on in this city in the way of dessicating vegetables for the army and navy, at Nos. 327 and 329 Stanton street, by the New York Dessicating Company—Theo. C. Shechill, Superintendent. About one hundred and fifty persons are employed in the establishment, and the quantity of vegetables dessicated this year will amount to 56,000 baskets tomatoes; 442 tons string beans 8,000 bushels green peas; 15,000 barrels turnips; 30,000 barrels carrots; 23,000 heads cabbage; 12,000 barrels potatoes; 20,000 barrels onions; 100 tons parsley, and a moderate quantity

of some other vegetables. The vegetables are picked, cleaned, cut up and grated; they are then dried and deprived entirely of moisture, after which they are formed into flat cakes, under severe hydrostatic pressure. A cake weighing seven pounds contains sufficient vegetables to make forty-two gallons of good soup. They are excellent for sea voyages, and large quantities have been furnished on army contracts for soldiers in the field and invalids in the national hospitals.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* STATE *from whence their letters are sent.*

Drs. N. G. B., Ill.; O. H. F., Mass.; L. C. B., Vt.; A. E. B and H. M. S., N. J.; C. G. B., A. H., and J. S. McN., N. Y.; W. H. T., W. T. R., and A. H. A., Ohio; J. L. C., J. W. R., C. F. W., J. L. A., Jr., and J. G. M. Pa.—Visiting Lists were mailed to you yesterday.

Dr. P. W. A., Mass.—The volumes of the Reporter have hitherto commenced April 1st and October 1st, of each year, but for various reasons it was considered best to change to January 1st and July 1st, and consequently last April no numbers were issued, and Vol. X. commenced with May 2d, and will comprise 35 No.'s to 371 inclusive, the last in December.

Dr. C. M. M., Pa.—Greenhow on Diphtheria, was mailed to you on the 2d inst.

Dr. J. S. S., Pa.—Hughes' Manual of Auscultation and Percussion was mailed to you on the 2d inst.

Dr. W. M. L., Ohio!—The U. S. Pharmacopœia and Wilson on the Skin and Hair, were mailed to you on the 2d inst.

Drs. W. W., and S. L. C., Conn.—Copies of Barclay's Medical Diagnosis were mailed to you on the 2d inst.

Dr. J. Ten B., Ill.—Reese's Formulary was mailed to you on the 2d inst.

Dr. W. McB., Pa.—Gross' Military Surgery, and Pereira's Prescription Book, were mailed to you on the 2d inst.

Dr. A. E. S., Wis.—How to Nurse Sick Children, was mailed to you on the 2d inst.

Dr. O. P. C., N. Y.—The books were sent to you on the 3d inst., per Howards' Express. There was considerable difficulty in finding the volume you wanted of Copland's Dictionary.

MARRIED.

Babcock—Harwood.—At the Navy Yard, in Washington City, November 26th, by the Rev. Dr. Pinkney, Dr. Heman P. Babcock, U. S. Navy, and Sallie H., youngest daughter of Commodore Harwood, U. S. Navy.

Clemans—Acly.—In St. John's Church, New Milford, Conn., on Wednesday, November 23th, by Rev. J. F. Schroeder, assisted by Rev. J. L. Scott, Dr. S. T. Cleman, and Fannie, eldest daughter of Rev. C. G. Acly.

Curtis—Brandt.—At Belleville, N. J., on the 25th ult., by Rev. P. A. Studdiford, Jonathan S. Curtis, M.D., of Hartford, Conn., and Susan, third daughter of Mr. Wm. H. Brandt, of Belleville.

Morton—McCullough.—In Muscatine, Iowa, September 29th, by Rev. E. L. Belden, Dr. Thomas Morton, Surgeon of the 3d Virginia Cavalry, and Miss Rachel P. McCullough, of Greene Co., Pa.

DIED.

Porter.—In New York, on Tuesday, November 24th, Mortimer G. Porter, M.D., aged 37 years.

Fairsmith.—At Pensacola, Florida, on the 1st of November, Walsingham Fairsmith, M.D., aged 42 years.

Harry.—Suddenly on the morning of November 23d, Mrs. Lydia Ann Harry, wife of Dr. Samuel H. Harry, of Coatesville, Pa., in the 53d year of her age.

Marsh.—In Kalamazoo, Michigan, November 17th, of congestion of the lungs, Dr. Charles P. Marsh.

Smith.—In this city, on the 22d of November, Moses Blackfan, infant son of Dr. Albert H. and Emily Kaighn Smith.

Tucker.—In this city, on the 27th ult., Samuel Tucker, M.D., in the 74th year of his age. Dr. Tucker began the practice of medicine in Burlington, N. J., about the year 1810, and after a few years removed to this city, where he has since resided.

METEOROLOGY.

November	23,	24,	25,	26,	27,	28,	29.
Wind	N. E.	N. E.	N. W.	S. W.	S. E.	S. W.	N.
Weather	Cl'dy. Driz'e	Cl'dy. Fog. Rain.	Clear.	Clear.	Cl'dy. Dense Fog.	Cl'dy. Fog. Rain.	Cl'dy.
Depth Rain		3-10				3-10	
Thermometer.							
Minimum	32°	40°	42°	30°	30°	36°	42°
At 8 A. M.	35	46	50	36	34	45	47
At 12 M.	46	50	49	43	47	53	45
At 3 P. M.	47	51	50	45	49	50	46
Mean	40	46.7	47.7	38.5	40	46	45
Barometer.							
At 12 M.	30.2	30	30	30.3	30.3	29.9	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending November 23.	New York. Week ending November 30.	Baltimore. Week ending November 30.	Boston. Week ending November 23.	Providence. Month of October.
Popl'n, (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	152	237	50	47	38
Female	137	242	41	44	49
Adults	151	248	44	55	51
Under 15 years	126	233	49	36	34
Under 2 years	67	134	21	34*	19
Total	289	479	91	91	87
Deaths in 100,000	49.82	50.42	37.91	50.55	16.73
American	210	293	...	54	64
Foreign	66	186	...	37	23
Negro	14	8	19	...	4
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	...	1	...	...	...
Cholera Morbus	...	...	...	...	3
Croup	19	23	5	6	...
Diarrhœa	7	8	...	...	4
Diphtheria	4	29	...	5	1
Dysentery	...	4	...	1	4
Erysipelas	1	3	1	1	...
Fever, Intermittent	...	1	...	...	...
Fever, Remittent	...	1	...	...	...
Fever, Scarlet	4	22	5	2	...
Fever, Typhoid	7	20	2	1	4
Fever, Typhus	9	13	...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	4	3	2	...	1
Influenza	...	...	...	...	...
Measles	...	...	...	...	...
Small Pox	...	...	9	1	...
Syphilis	1	...	...	...	...
Thrush	...	...	...	...	...
Sporadic Diseases.					
Albuminuria	2	10	...	...	...
Apoplexy	4	11	...	1	1
Consumption	51	75	17	7	18
Convulsions	12	29	3	2	2
Dropsy	5	11	3	4	3
Gun-shot Wounds	7	...	...	...	...
Intemperance	4	1	...	1	...
Marasmus	4	26	...	1	...
Pleurisy	...	...	...	2	...
Pneumonia	15	43	4	6	3
Puerperal Fever	...	5	...	...	...
Scrofula	1	1	1	...	...
Violence and Acc'ts	8	20	5	6	2

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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